

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002

West Sacramento, CA 95798-9002

(916) 322-4000

www.dca.ca.gov/bsis**REQUEST FOR REPLACEMENT REGISTRATION/PERMIT
(\$10 Fee Per Certified Replacement)**

Name: _____

Address: _____

Phone Number: _____

Type of Registration/Permit: _____

Registration/Permit No.: _____
(include prefix)

Social Security Number: _____

Expiration Date: _____

I certify, under penalty of perjury, that my registration/permit has been lost, destroyed, mutilated, etc., as specified below:

Your Social Security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Signature_____
Date